**CLOSE OUT / TRANSFER AGENCY :**

**Customer File/s OR attach list with State User ID:**



*I,* *, (Agency’s staff member’s name) have completed the following for each of the above files:*

* explained to the customer that the file and services are being transferred to another location and the customer is in agreement,
* created a copy of the customer file(s) and will store the file(s) for 7 years from date of last service, and
* submitted the original file(s) to       (Chicago Cook Workforce Partnership staff member’s name) or emailed The Partnership and copied the receiving agency below that the file(s) is/are electronic file(s) and all documents have been uploaded in our LWIA’s case management system.

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**Close out/Transfer Agency Authorized Staff - Printed Name and Title Signature and Date**

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**Chicago Cook Workforce Partnership Staff – Printed Name and Title Signature and Date**

**RECEIVING AGENCY :**

**Customer File/s OR attach list with State User ID:**



*I,* *, (Agency’s staff member’s name) confirm receipt of the above customer file(s) from The Partnership and understand that our Agency has 10 calendar days from my signature date to review the file(s), enter a service(s), update the customer’s IEP/ISS(s), and enter appropriate case notes to reflect said services and IEP/ISS activity(ies). If the file is found not eligible, at the end of the 10th day I will email the Partnership staff member to make other arrangements.*

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**Receiving Agency Authorized Staff - Printed Name and Title Signature and Date**

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**Chicago Cook Workforce Partnership Staff – Printed Name and Title Signature and Date**